

2875

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH				ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				County <u>Maricopa</u> State <u>Arizona</u>		State File No. <u>248</u>	
Township <u>Phoenix</u> or Village <u>Good Samaritan Hospital</u>				Registered No. <u>3157</u>			
City <u>Phoenix</u> No. <u>10</u> (If death occurred in a hospital or institution, give its NAME instead of street and number)				St. <u>Good Samaritan Hospital</u> Ward <u>10</u>			
Length of residence in city or town where death occurred <u>10</u> yrs. <u>0</u> mos. <u>0</u> ds. How long in U. S. if of foreign birth? <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds.							
2. FULL NAME <u>S. A. Sprague</u>				(a) Residence: No. <u>834 East Palm Lane</u> St. <u> </u> Ward <u> </u>		(If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (write the word) <u>Married</u>			
6a. If married, HUSBAND of <u>Harriet</u>		6b. If married, WIFE of <u>Harriet</u>		6c. If married, <u>McNelly</u>			
7. DATE OF BIRTH (month, day, and year) <u>8-18-1859</u>		7. AGE Years <u>71</u> Months <u>3</u> Days <u>0</u>		If LESS than 1 day, <u> </u> hrs. or <u> </u> min.			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Newspaper</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Publisher</u>		10. Date deceased last worked at this occupation (month and year) <u> </u>			
11. Total time (years) spent in this occupation <u> </u>		12. BIRTHPLACE (city or town) <u>Ogden</u> (State or country) <u>Utah</u>		13. NAME <u>Ithemer Sprague</u>			
14. BIRTHPLACE (city or town) <u>Dont Know</u> (State or country) <u> </u>		15. MAIDEN NAME <u> </u>		16. BIRTHPLACE (city or town) <u> </u> (State or country) <u> </u>			
17. INFORMANT <u>Mrs. Harriet Sprague</u> (Address) <u>834 East Palm Lane</u>		18. BURIAL <u>Forest Lawn Cemetery</u> Place <u> </u> 11-25-30		19. UNDERTAKER <u>J. T. Whitney</u> (Address) <u>Phoenix, Arizona</u>			
20. Filed <u>11-24-1930</u>		Registrar <u> </u>		21. DATE OF DEATH (month, day, and year) <u>11-21-1930</u>			
				22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 20</u> , 19 <u>30</u> , to <u>Nov 21</u> , 19 <u>30</u>			
				last saw him alive on <u>Nov 20</u> , 19 <u>30</u> ; death is said to have occurred on the date stated above, <u>11:30-A. M.</u>			
				The principal cause of death and related causes of importance were as follows:			
				<u>Shock</u>			
				Other contributory causes of importance: <u>Accident</u>			
				Name of operation <u>Leg. Amputation</u> Date of <u>11-20</u>			
				What test confirmed diagnosis <u>Fracture</u> Was there an autopsy? <u>Yes</u>			
				23. If death was due to external causes (violence) fill in also the following: <u>Accident</u> Date of injury <u>11-20</u> , 19 <u>30</u>			
				Where did injury occur? <u>Army</u> (Specify city or town, county and State)			
				Specify whether injury occurred in industry, in home, or in public place.			
				Manner of injury <u>Gunshot</u> Nature of injury <u>Fracture</u>			
				24. Was disease or injury in any way related to occupation of deceased? <u>Yes</u>			
				If so, specify <u>Leg. Amputation</u>			
				(Signed) <u> </u> M. D.			
				(Address) <u> </u>			